

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">16/593728</div> | FILING DATE | | | | | |
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| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
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| TOTAL CLAIMS | | | | | | | | | | | | | |